

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010107-7

D. O. Vou. No. _____
Bu. Vou. No. 2075

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY
Encl # 3
SAPC 26491
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				1,776.	16

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 1,776.16 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 4/11/58

*Payee

(Indicate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

1,776.16

(Signature or initials) ER

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of
Cash, \$ _____, on _____, 19____. Payee _____ (payee named above).
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, together with the name of the person who is authorized to sign for the company or corporation, as the case may be. For example: "John Doe Company, per John Smith, Secretary," or "President," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Public Voucher for Purchases and
Services Other Than Personal
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MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2075

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System VI Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 3/31 thru 4/6/58 STATINTL Research & <u>Development</u>					
		STATINTL			<u>Production</u>		<u>Total</u>
		Labor for the Week Ending April 6, 1958					
		Overhead for Communications Division computed at interim rates as follows: Research & Development -  Production - 					
		Other Costs - Per schedule attached					
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of 					
		Total Costs				\$ 1,776.16	

4/06/58

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BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	F-Cost Element	IF CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
01	04	01	8	N179285	44524		04	10	231				50	25	27	20	12501	5046	01	1	10950	
01	04	01	8	N179369	44524		04	15	231				50	25	27	20	12501	5046	01	1	3650	
02	04	01	8	IER3-58			04	02	1892				50	25	27	20	12501	5046	01	6	760 *	
																					15360 **	
																					<u>15360 ***</u>	